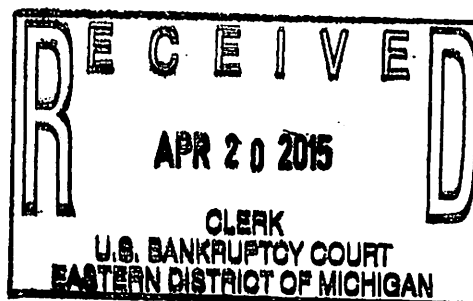


- [Case Home](#)
- [Proof Of Claim Form](#)
- [Submit an Inquiry](#)
- [Adversary Proceedings](#)
- [Claim/Creditor Search](#)
- [Claims Register](#)
- [Court Documents](#)
- [Fee Examiner](#)
- [Notice Lists](#)
- [Plan and Disclosure Statement](#)
- [Voluntary Petition](#)
- [Bankruptcy Industry Links](#)
- [Disclaimer](#)



## City of Detroit, Michigan

Case Number:

13-53846

- [Case Home](#)
- [Case Home](#)
- [Proof Of Claim Form](#)
- [Submit an Inquiry](#)
- [Adversary Proceedings](#)
- [Claim/Creditor Search](#)
- [Claims Register](#)
- [Court Documents](#)
- [Fee Examiner](#)
- [Notice Lists](#)
- [Plan and Disclosure Statement](#)
- [Voluntary Petition](#)
- [Bankruptcy Industry Links](#)
- [Disclaimer](#)

FILED (1)  
2015 APR 20 P 3:05  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT

[« Go back](#)

## Claim Search Results

Filter applied: Debtor(s): All Debtors Claim Amount Type: Filed Claim Amount Claim #: 474

- **Claim Number: 474**

✓  
**Name:** Hall, Richard

**Filed Claim Amount:** \$100,000.00

**Date Claim Filed:** 1/3/2014

**Debtor:** City of Detroit, Michigan

**Filed Claim Nature:** General Unsecured

This website is maintained for the public's convenience and for informational purposes only. Users of this website should not take or refrain from taking any action based upon content included in the website or in the results of any search made on this site without seeking legal counsel on the particular facts and circumstances at issue from a licensed attorney. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") filed in the bankruptcy case/s of the debtor/s.

Without limiting the generality of the foregoing, any failure by a debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an admission that such amounts are not "disputed", "contingent", or "unliquidated". Further, each debtor reserves the right to amend their Schedules and Statements of Financial Affairs as necessary and appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their schedules or filed against a Debtor, including objecting to the amount, liability classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed", "contingent", or "unliquidated".

©2014 Kurtzman Carson Consultants | [Terms of Use](#) | [Privacy Statement](#)

I filed my claim and received JAN 3 2014 - before

My Claim #474 Injury was filed in the Court of Claims on November 9-28-2012 and acknowledged receipt of Notice of Intent to file claim November 5, 2012.

Statute  
of  
Limitation  
of  
June 28,  
2014

Claim No: A32750-004969

On January 11, 2013 the City of Detroit Law Department informed me that All Claims require specific information for adequate processing and to assist in investigation of the incident provide the following items Medicare Affidavit, Health Authorization in which I mailed in with supporting evidence of my claim which was received JAN 3, 2014 and signed for by D. MAZURE certified mail.

NRS 11.208 Action by contractor against Department of Transportation upon contract for ~~reconstruction~~ construction, reconstruction, improvement or maintenance of Highway. An action by a contractor against the Department of Transportation upon a contract for the construction, reconstruction, improvement or maintenance of a highway must be commenced within 3 years after the date of the:

1. Completion of the contract, or
2. Determination of the engineer or decision of the Board of Directors of the Department of Transportation on an appeal of a claim arising from the contract as provided in the standard specifications for construction of roads and bridges

MCL 600.5805 Injuries to persons or property; period of limitations; "dating relationship" defined.

Sec. 5805

~~13-53846-JL~~ (1) A person shall not bring or maintain an action to recover damages for injuries to persons or property unless, after the claim first ~~accrues~~ accrued to the plaintiff or to someone through whom the plaintiff claims, the action is commenced within the periods of time proscribed by this section.

(2) Subject to subsections (3) and (4), the period of limitations is 2 years for an action charging assault, battery, or false imprisonment.

(3) The period of limitations is 5 years for an action charging assault or battery brought by a person who has been assaulted or battered by his or her spouse or former spouse, an individual with whom he or she has had a child in common, or a person with whom he or she resides or formerly resided.

(4) The period of limitations is 5 years for an action charging assault and battery brought by a person who has been assaulted or battered by an individual with whom he or she has or has had a dating relationship.

(10) Except as otherwise provided in this section, the period of limitations is 3 years after the time of the death

I AM filing and objecting to the objection to consider my claim. My status at all times was not to object to any settlement rendered by Courts. Informal as this may be I have cited court rules ~~that~~ in response to Statute of limitations that support my objection.

I AM currently attending Asbestos/Lead Removal State Licensing Exams. Mon-Fri - Classes, Fri ARE EXAM Test State Certified. This will end mid May 2015 9am-5pm is my current schedule. I will be at several losses in my attempt to

Obtain

State of Michigan Asbestos Worker/Supervisor  
State of Michigan Lead Worker/Supervisor  
40 hr. Hazwoper Certificate  
Lead RRP Certificate  
Construction Certificate  
Weatherization Certificate

Through the (GDI)

Green Door Initiative

12 week Program

that started Feb 2 2015

ends May 29, 2015

Graduation Day

40 hrs of teaching needed

for each certificate if

is mandatory I do not  
miss class

Please notify me if I can reschedule the hearing.

(b) Demand for Relief Requiring an Adversary Proceeding. A Party in interest shall not include a demand for relief of a kind specified in Rule 7001 in an objection to the allowance of a claim, but may include the objection in an adversary proceeding.

### Rule 7001

Paragraph (4) of the rule is amended to create an exception for objections to discharge under §§ 727(a)(8), (9)(9), and 1328(f) of the Code. Because objections to discharge on these grounds typically present issues more easily resolved than other objections to discharge, the more formal procedures applicable to adversary proceedings, such as commencement by a complaint, are not required. Instead, objections on these three grounds are governed by Rule 4004(d). In an appropriate case, however, Rule 9014(c) allows the court to order that additional provisions of Part III of the rules apply to these matters.

The proposed addition of subsection (b) was deleted, and the content of that provision was moved to Rule 4004(d). The exception in paragraph (4) of the rule was revised to refer to objections to discharge under §§ 727(a)(8), (9)(9), and 1328(f) of the Code. The redesignation of the existing rule as subdivision (9) was also deleted. The Committee's Note was revised to reflect these changes.

**Ingham County Circuit Court**  
**30th Judicial Circuit**  
P.O. BOX 40771  
LANSING, MI 48901-7971  
TELEPHONE: (517) 483-6500

JANELLE A. LAWLESS  
Chief Circuit Judge

DAVID L. EASTERDAY  
Circuit Court Administrator



SHAUNA DUNNINGS  
Deputy Court Administrator /  
Friend of the Court

RHONDA K. SWAYZE  
Deputy Court Administrator /  
General Trial Division

MAUREEN WINSLOW  
Deputy Court Administrator /  
Juvenile Division

November 5, 2012

RONALD A. WEINER  
23077 GREENFIELD RD #557  
SOUTHFIELD, MI 48075

Notice of Intention to file a Claim

RICHARD HALL

Vs

TRANSP DEPT MI

NOTICE NO. 12-011404-NOI-C30

To Whom It May Concern:

This is to acknowledge receipt of your Notice of Intention to file a claim in the above-entitled cause, filed in the Court of Claims on November 05, 2012 and assigned the above notice number.

Sincerely,

Rebecca Montroy  
Court of Claims Clerk

Copies have been made and forwarded to:  
Bill Schuette, Attorney General  
TRANSP DEPT MI

**NOTICE: DEFECTIVE HIGHWAY CLAIM**

Michigan Dept. of Transportation  
425 West Ottawa St.  
Lansing, MI 48933

**NOTICE**

PLEASE TAKE NOTICE that Richard Hall intends to file a claim against the State of Michigan, pursuant to MCLA 691.1402 (1); MSA 3.996 (102)(1).

The address of the claimant is: 6626 Hartford St., Detroit, MI 48210.

The time and place where his claim arose, the nature of the claim, and the items of damage sustained are as follows:

1. **Time of Occurrence:** June 28, 2012 at approximately 7:50am
2. **Location of Occurrence:** M-85 (Fort St.), Detroit, MI, between Second Ave. and Third Ave., in front of the Detroit Free Press Building - Photographs attached.
3. **Nature of Occurrence:** Claimant's leg was severely burned when he walked over the steam grate depicted in the photos.
4. **Nature of Damages:** Burn injury, medical expenses, future treatment, all damages which the proofs may show.
5. **Names of witnesses known at this time by Claimant:** None presently
6. **Liability:** Claimant intends to hold the State of Michigan liable for the damages sustained as a result of its negligence in failing to keep its highway in good repair so as to be reasonably safe for public travel, by:
  - a. Failing to inspect the location for defects including hot steam;



STATE OF MICHIGAN  
IN THE COURT OF CLAIMS

RICHARD HALL,

Plaintiff,

vs.

MICHIGAN DEPARTMENT OF TRANSPORTATION,

Defendant.

\_\_\_\_\_  
RONALD K. WEINER (P40706)  
Attorney for Plaintiff  
23077 Greenfield Rd., Ste. 557  
Southfield, MI 48075  
(248) 443-6567  
\_\_\_\_\_

**VERIFIED NOTICE OF INTENTION TO FILE CLAIM**

Claimant, RICHARD HALL, by his attorneys, ZAMLER, MELLEN & SHIFFMAN, P.C., hereby submits his Notice of Intention to File Claim against the State of Michigan Department of Transportation, and states the following:

1. Time and place where claim arose: June 28, 2012, at approximately 7:50a.m. on M-85 (Fort St.), Detroit, MI between Second Ave. and Third Ave. in front of the Detroit Free Press Building.
2. Nature of claim: Claimant walked over a steam grate (photographs attached) and hot steam burned his leg.
3. Damages sustained: Claimant sustained a severe burn to his leg requiring hospital and medical attention. He incurred medical expenses and other losses which may occur in the future.

Verified by:

Richard Hall  
Richard Hall, Claimant

Date: 9-28-2012

Respectfully Submitted,

Zamler, Mellen & Shiffman, P.C.



Ronald K. Weiner (P40706)

Attorney for Plaintiff

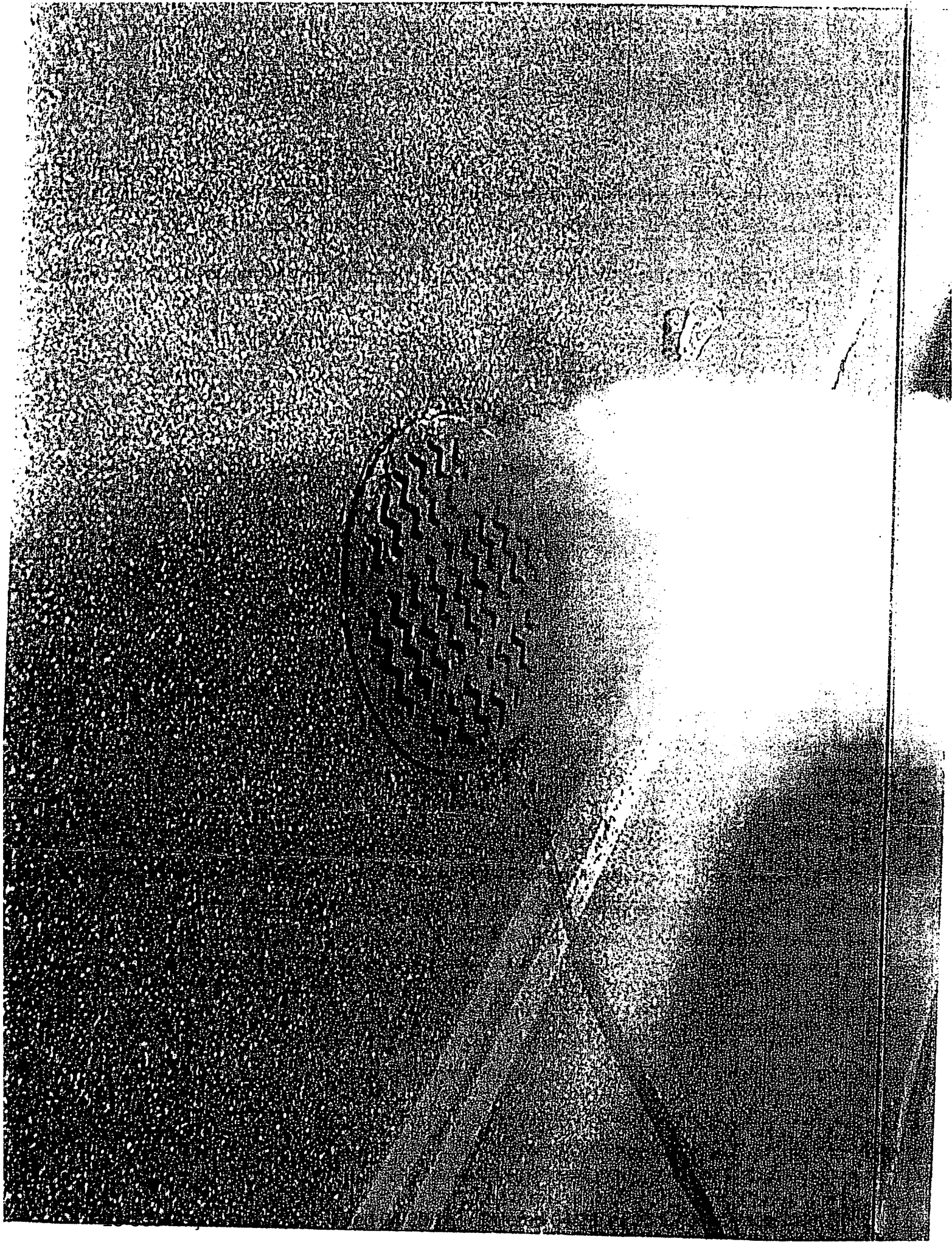
23077 Greenfield Road, Suite 557

Southfield, MI 48075

(248) 443-6567

Date:

9/28/12







CITY OF DETROIT  
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3535  
PHONE 313•224•4550  
FAX 313•224•5505  
WWW.DETROITMI.GOV

January 11, 2013

Ronald Weiner, Atty.  
23077 Greenfield, Ste 557  
Southfield, Michigan 48075

Claimant: Richard Hall  
Claim No.: A32750-004969  
DOI: 6/28/2012

Dear Mr. Weiner:

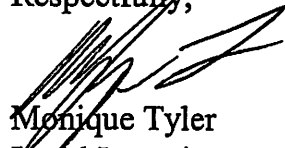
Please be advised that the above-mentioned claim has been assigned to me for disposition. Upon review of your client's file, it was found that the City of Detroit has attempted to process your claim, but due to lack of sufficient information, we are unable to proceed. The City of Detroit Law Department Claims Division requires that all claims contain specific information for adequate processing. To assist me in my investigation of this incident, please provide the following items, these items **MUST** be included to ensure further processing of this claim:

- ◆ Medicare Affidavit
- ◆ Health Authorization

Please refer to the **File Number** which appears in the upper right corner of this letter in future communications or inquiries about this claim.

Should you have any inquiries or concerns, please do not hesitate to contact the undersigned either in writing at the address above or by calling the telephone number cited below.

Respectfully,

  
Monique Tyler  
Legal Investigator  
(313)237-0462

MT/rt

enc.



CITY OF DETROIT  
LAW DEPARTMENT

COPY

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3535  
PHONE 313•224•4550  
FAX 313•224•5505  
WWW.DETROITMI.GOV

November 25, 2013

Ronald Weiner, Atty.  
23077 Greenfield, Ste 557  
Southfield, Michigan 48075

**FINAL REQUEST**

Claimant: Richard Hall  
Claim No.: A32750-004969  
DOI: 6/28/2012

Dear Mr. Weiner:

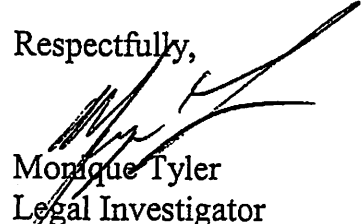
Upon review of your client's file, it was found that the City of Detroit has attempted to process your claim, but due to lack of sufficient information, we are unable to proceed. The City of Detroit Law Department Claims Division requires that all claims contain specific information for adequate processing. To assist me in my investigation of this incident, please provide the following items, these items **MUST** be included to ensure further processing of this claim:

- ◆ Medicare Affidavit
- ◆ Health Authorization

Please refer to the **File Number** which appears in the upper right corner of this letter in future communications or inquiries about this claim.

Should you have any inquiries or concerns, please do not hesitate to contact the undersigned either in writing at the address above or by calling the telephone number cited below.

Respectfully,

  
Monique Tyler  
Legal Investigator  
(313)237-0462

MT/rt

enc.



SC 10 3636333  
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Date <u>12-31-13</u>	Date of Accident <u>JUNE 28 2012</u>	File Number
Applicant's Name <u>Richard Hall</u>	Home Phone Number	Business Phone Number <u>313 910 8542</u>
Address <u>3752 E Eastern Placo, Detroit, MI 48208</u>	Date of Birth <u>11-11-1975</u>	Social Security No. <u>385-66-7987</u>
Date & Time of Accident (am/pm) <u>JUNE 28 2012 7:50 A.M.</u>	Place of Incident (Exact Location) <u>between some Apts on M-85 (Ford St.) Detroit MI and 3rd Ave, NY Bank of</u>	
Brief Description of Accident: <u>I walked over a steam grate (photos attached) and hit steam</u>		
As a result of the incident were you injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the rest of this form.		
Describe your injury <u>I incurred medical expenses and other losses which may occur in the future</u>		
<u>I sustained a severe burn to my leg requiring hospital and medical attention</u>		
Were you treated in a Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Hospitals Name and Address.		
<u>Henry Ford 2799 W. Grand Blvd E.R. / E</u>		
Did a Doctor treat you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Doctor's Name and Address.		
<u>Plasche Surgery Dept Dr. Kenneth McQuinn / Henry Ford E.R.</u>		

I, THE UNDERSIGNED, HEREBY AUTHORIZE ANY PHYSICIAN OR NURSE WHO ATTENDED THE ABOVE NAMED, OR ANY HOSPITAL AT WHICH ABOVE NAMED HAS BEEN CONFINED, TO FURNISH THE CITY OF DETROIT LAW DEPARTMENT, WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING PAST PHYSICAL CONDITION AND TREATMENT RENDERED AND TO ALLOW THEM OR ANY PHYSICIAN APPOINTED BY THEM TO EXAMINE AND COPY ANY AND ALL RECORDS WHICH YOU MAY HAVE REGARDING CONDITION OR TREATMENT, INCLUDING ALCOHOL AND DRUG PART 2, IF ANY; PSYCHOLOGICAL SERVICES AND SOCIAL SERVICES RECORDS INCLUDING COMMUNICATIONS MADE TO A SOCIAL WORKER OR PSYCHOLOGIST OR PSYCHIATRIST, IF ANY; RECORDS OF COMMUNICABLE DISEASES AND SERIOUS COMMUNICABLE DISEASES AND INFECTIONS, VENEREAL DISEASE (VD), TUBERCULOSIS (TB), HEPATITIS B, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC), IF ANY. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, PA 294 OF THE PUBLIC ACTS OF 1972.

I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE ISSUER OF THE MEDICAL RELEASE. YOUR PROTECTED HEALTH INFORMATION WILL BE DISCLOSED TO ANY AGENCY INVOLVED IN THE INVESTIGATION, EVALUATION AND RESOLUTION OF YOUR MATTER AS IT RELATES TO THE CITY OF DETROIT.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER SUBJECT TO PRIVACY PROTECTION PROVIDED BY LAW.

X Richard Hall  
NAME (Signature)

12-17-2013  
DATE

SOCIAL SECURITY NUMBER

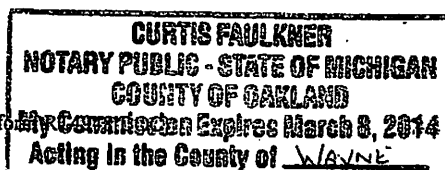
11-11-1975  
DATE OF BIRTH

Subscribed and sworn to before me this  
31<sup>st</sup> day of Dec, 2013.

Curtis Faulkner

Notary Public, Wayne County, Michigan

My Commission Expires: MARCH 08, 2014



{G:\DOCS\CLAIMS\staylor\99\}

**MEDICARE REPORTING AFFIDAVIT AND**  
**INDEMNIFICATION OF THE CITY OF DETROIT BY THE**  
**CLAIMANT/PLAINTIFF**

Richard Hart, being first duly sworn, deposes and says that I have filed  
a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes or no
4. I will be Sixty Five years old within three years..... yes or no
- 4a. I have applied for Social Security Disability Benefits..... yes or no
5. I have received a Social Security Disability Award Letter and  
attached a copy hereto.....yes or no
6. Attached is a copy of my Social Security Disability Application.....yes or no
7. Attached is a copy of my Social Security denial letter and my  
appeal of said denial..... yes or no



Circle One

17. Has anyone ever prepared for you:

- a. A Life Care Plan..... yes or no
- b. Medicare Set Aside Cost Projections .....yes or no
- c. Life expectancy projection .....yes or no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Right leg ✓

19. That my Gender is: ✓ Male \_\_\_\_\_ Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on:

\_\_\_\_\_ (Date) ✓

21. On \_\_\_\_\_ (Date), a Settlement or Judgement of my

Claim/Lawsuit was agreed to/rendered for the total amount of

\_\_\_\_\_ Dollars (\$\_\_\_\_\_).

22. On the date of the accident/event, did any household family

member own an automobile with valid No Fault Insurance

coverage.....yes or no

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2012, by \_\_\_\_\_, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

\_\_\_\_\_  
Notary Public, County of \_\_\_\_\_, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTE: SHOULD THIS RELEASE BE SIGNED BY THE CLAIMANT/PLAINTIFF OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.



# ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER  
DONALD SHIFFMAN  
RICHARD J. EHRLICH  
PAUL S. ROSEN  
MARGARET HOLMAN JENSEN  
RONALD K. WEINER  
STEVEN KARFIS  
ALICE A. BUFFINGTON

ATTORNEYS AND COUNSELORS  
ADVANCE BUILDING  
23077 GREENFIELD ROAD  
SUITE 557  
SOUTHFIELD, MICHIGAN 48075

1-248-557-1155  
1-800-LAWYERS  
FAX (248) 552-1380  
WEBSITE: WWW.ZMSPC.COM  
WRITER'S DIRECT DIAL NUMBER

OF COUNSEL  
MARK I. MELLEN  
KARL E. NOVAK  
CHAD ZAMLER  
\*BRAD M. ZAMLER  
MARC J. LITTMAN  
LISA ROTH

\*MEMBER OF ILLINOIS BAR ONLY

## PROOF OF REPRESENTATION

This form is used to authorize your attorney to receive information from the Centers for Medicare & Medicaid Services (CMS) and to represent you and act on your behalf with respect to your liability insurance, no-fault insurance or workers' compensation claim, including releasing identifiable health information or receiving any potential recovery claim information that Medicare may have if there is a settlement, judgment, award or other payment.

Type of Representation: Attorney

Firm Name: Zamler, Mellen & Shiffman, P.C.  
Name of Attorney:  
Address: 23077 Greenfield Road, Suite 557, Southfield, MI 48075  
Telephone Number: 248/557-1155  
Fax Number: 248/552-1380

### Medicare Beneficiary Information:

Beneficiary's Name:  
Beneficiary's HICN:  
Beneficiary's Date of Birth:  
Date of Injury:  
Type of Injury:

Richard Louis Hall  
Beneficiary's Signature

6-29-2012  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

CELEBRATING OVER **40** YEARS OF SERVICE  
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

MICHAEL H. FREEDLAND, M.D.

Patients Name Hall, Richard

Chart # 258829

DATE

11/5/12

(R) ankle pain -

(L) disc pain.

6/28/12

(D)

☒ Discussed Indications and Locations

☒ Discussed Anatomy and Physiology

☒ Discussed Risks and Benefits

10 pain @ this time -

Sig. fl. pain back in L. arm.

M/S intact.

MFCPT 60 min

DV - prn.

*[Signature]*

# MICHAEL H. FREEDLAND, M.D.

Where Medicine Needs Artistry

PLASTIC SURGERY & MEDICAL SPA

Date 11-5-2012

Patient: (Mr., Mrs., Ms., Dr.) First Name Richard M.I. L Last Name Hall Nickname Richie Rich  
 Sex: ☒ Male ☐ Female Date of Birth 11-11-1975 Age 36 Social Security # 385-66-7987  
 Street 6626 Hartford City Detroit State MI Zip 48210  
 Home Tel.# ( ) Business Tel.# ( ) Ext. Cellular Tel. # 330 831 3346  
 Medical Doctor Address Tel. # ( )  
 Referred by Employer  
 Driver's Lic. # H400738549866 Nearest relative not living with you SEAN ELMAS Tel. # (313) 208-8218  
 Have you ever been a patient of our practice? ☐ Yes ☒ No E-mail Richard1hall75@yahoo.com  
 IN CASE OF EMERGENCY, CONTACT: Name Sarah McClure Tel # H. (313) 680-3180 (cell) W. (313) 967-4527

## Health History

**TO OUR PATIENTS:** Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit: Burn Victim (2nd degree) (Partial Thickness) Thickening from  
Marshall St 14

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Are you in good health? <u>YES</u> Height <u>6'</u> Weight <u>170 lbs</u>                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Have there been any changes in your general health in the past year?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are you under the care of a physician? <u>Yes</u> Date of last visit: <u>Oct 2012</u>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If so, for what are you being treated? <u>Primary Care</u>  |                                     |                                     |
| 4. Have you had any serious illness, operations or hospitalizations? If so, describe <u>Partial Thickness</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Do you have a prosthetic joint / implant?---If so, describe where  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Have you had a heart valve replacement or vascular graft?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

MEDICATION			WOMEN		
ARE YOU NOW TAKING....	Yes	No	ARE YOU NOW TAKING....	Yes	No
1. Any kind of medicine, drugs, or pills?		<input checked="" type="checkbox"/>	7. Is there a possibility of pregnancy?		
2. Anticoagulants?		<input checked="" type="checkbox"/>	8. Estimated delivery date? ____/____/____		
3. Diet Pills?		<input checked="" type="checkbox"/>	9. Are you nursing?		
4. Tranquilizers?		<input checked="" type="checkbox"/>	10. Are you taking birth control pills?		
5. Cortisone?		<input checked="" type="checkbox"/>	11. Are you taking any other medications? (Please list) _____ _____ _____ _____		
6. Other medications (please list)		<input checked="" type="checkbox"/>			
13-53846-tjt Doc 9713 Filed 04/20/15			Entered 04/21/15 15:12:32 Page 22 of 36		

HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No
1	Rheumatic fever?		X	18	Blood transfusion?		X	34	Contagious diseases?		/
2	Damaged heart valves / mitral valve prolapse		X	19	Blood disorder such as anemia?		X	35	Swollen ankles, arthritis or joint disease?		X
3	Heart murmur?		X	20	Bruise easily?		/	36	Sexually transmitted disease?		X
4	High blood pressure?		X	21	Bleeding tendency (abnormal bleed?)		X	37	Problems with the immune system?		X
5	Low blood pressure?		X	22	Jaundice, hepatitis or liver disease?		X	38	Delay in healing?		X
6	Chest pain, angina?		X	23	Infectious mononucleosis?		X	39	A tumor or growth?		X
7	Heart attack(s)?		X	24	Gallbladder trouble?		X	40	X-Ray treatment / chemotherapy?		X
8	Irregular heart beat?		X	25	Fainting spells?		X	41	Chronic fatigue / night sweats?		X
9	Cardiac pacemaker?		X	26	Convulsions, epilepsy?		X	42	Are you on a diet?		X
10	Heart surgery?		X	27	Stroke?		X	43	A history of drug abuse?		X
11	Bronchitis, chronic cough?		X	28	Thyroid trouble?		X	44	A history of alcohol abuse?		X
12	Asthma?		X	29	Diabetes?		X	45	Contact lenses?		X
13	Hay fever / sinus problems?		X	30	Low blood sugar?		X	46	Eye disease / glaucoma?		X
14	Tuberculosis?		X	31	Kidney trouble?		X	47	Mental health problems?		X
15	Emphysema?		X	32	Are you on dialysis?		X	48	Malignant hyperthermia?		X
16	Difficult breathing / other lung trouble?		X	33	Stomach ulcers?		X				
17	Do you smoke?		X								

Do You Have Sleep Apnea? ☐ Yes ☒ No ☐ Not Sure Do You Have Any Acquired or Hereditary Muscle Diseases? ☐ Yes ☒ No ☐ Not Sure

### ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No	ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No
1. Local anesthetics?		X	7. Other medications?		X
2. Penicillin?		X	8. Allergies other than drug allergies (please list)		X
3. Other antibiotics?		X			
4. Sodium pentothal, valium, or other tranquilizers?		X			
5. Aspirin?		X			
6. Codeine or other narcotics?		X			

ARE THERE ANY CONDITIONS CONCERNING YOUR HEALTH OF WHICH THE DOCTOR SHOULD BE AWARE? ☐ Yes ☒ No

Is there a family history of: Cancer ☐ Yes ☒ No Diabetes ☐ Yes ☒ No Heart Disease ☐ Yes ☒ No Anesthetic Problems ☐ Yes ☒ No

I understand that photos may be used and shown for research and publication purposes and I authorize release of same.

Initials:

R.L.H.

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I authorize my surgeon and his / her designated staff, to perform an examination, for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination. In addition, if medically necessary, I authorize the release of any information acquired in the course of my examination and treatment.

Reck Hall  
Signature of Patient  
(Parent or Guardian if minor)

11-5-2012  
Date

Witness:

Reena Pekar



36400 Woodward Ave., Ste.130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

**Michael H. Freedland, M.D., P.C.**  
**Acknowledgement of Receipt of Notice of Privacy Information Practices**

My signature on this form indicates that I have received a Notice of Privacy Information Practices.

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, who will be able to answer my questions.

**PRIVACY OFFICER**  
Donna Phillips, Business Manager  
36400 Woodward Ave., Suite 130  
Bloomfield Hills, MI 48304  
248-901-0011

I request the following person(s) to receive information regarding my protected health information:

Name: RONALD Relation: ATTORNEY Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rechel Hall  
Signature of Patient or Legal Representative

HELENE 11-5-2012  
Date

**OFFICE USE ONLY:**

Patient refused to sign consent despite a good faith effort to receive acknowledgement.

\_\_\_\_\_  
Employee Signature Title Date





36400 Woodward Ave., Ste.130  
Bloomfield Hills, MI 48304  
(248) 901-0011  
[www.FreedlandMD.com](http://www.FreedlandMD.com)

Re: Richard Hall  
Chart Number: 258829  
DOB: 11/11/1975

**HISTORY:** This is a 36-year-old male presents with burn scars to his lower extremities right more than left. He reports that he is walking down the street and sustained burn on his leg from steam coming up from the street. This occurred back in June 2012. He had an interest in finding above corrective surgery.

**PAST MEDICAL HISTORY:** None.

**SURGICAL HISTORY:** None.

**MEDICATIONS:** None.

**ALLERGIES:** None.

**SOCIAL HISTORY:** The patient denies smoking, alcohol, and drug use.

**FAMILY HISTORY:** Negative for cancer, diabetes, heart disease and anesthetic problems.

**REVIEW OF SYSTEMS:**

Mentation: Patient is alert and oriented x 3 and does not complain of any mental status changes.

Neurosensory: Patient has no complaint of changes in sensation.

Musculoskeletal: Patient denies any muscle weakness.

Heart: Patient denies any chest pain.

Lungs: Patient denies any shortness of breath.

Gastrointestinal: Patient denies any nausea, vomiting, constipation, or diarrhea.

**PHYSICAL EXAMINATION:**

Neurosensory exam is within normal limits. Musculoskeletal is also within normal limits. The patient does have some irregularities associated with the burn on the right thigh is approximately 7 x 8 cm and left leg has some discoloration. He describes that he sees at times to approximately 3 x 12 cm. I explained to them that these scars are permanent and they did not have great surgical intervention for him, but I did recommend using scar cream and it may lighten the scars. He will continue to follow for now and return as needed.

Michael H. Freedland, M.D.

MHF/BMB

D: 11-05-2012

T: 11-06-2012

Dictated but not read.

# Henry Ford Hospital

2799 W. Grand Blvd.

Detroit, MI 48202

(313) 916-1545

burns

SCTD 3636335

## BURNS:

You have been seen for a burn.

Burns can be divided into one of three categories:

- First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.
  - Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.
  - Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful.
- Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

- Unusual redness or swelling.
- Red streaks extending from the wound.
- Foul drainage or odor from the wound.
- Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).
- Fever, chills, increasing pain and / or swelling.

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Tylenol-Codeine #3 Oral				continue
ibuprofen Oral				continue

20:11 06/29/2012 by Rya Lawrence, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/29/2012 Medical Record Number: 33680716  
Medical Provider: MD EM Staff David Amponsah Primary Medical Provider: PA Rya Lawrence  
Primary Diagnosis: Burn of lower limb Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

\*\*\*\*\*  
take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday  
\*\*\*\*\*

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

-4-

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE

burns

BURNS: You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Discharge Instructions Received: <DXINSTRUCTIONNAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick  
drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use  
fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic  
surgery clinic on monday or tuesday  
\*\*\*\*\*

-5-

Date/Time: 07/11/12 04:14:10 Treating MD: MD EM Staff David Amponsah

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2181 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Plastic Surgery-Main Cam- pus/313-916-2676			

20:15 06/29/2012 by Rya Lawrence, PA

Documentation completed by Mid-level Provider  
22:05 06/29/2012 by Rya Lawrence, PAChart electronically signed by Responsible Physician  
23:35 06/29/2012 by David Amponsah, MD EM Staff

-2-

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Tylenol-Codeine #3 Oral		
ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes

20:08 06/29/2012 by Rya Lawrence, PA

**Physical examination:****Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD**Skin normal:** NOTE - 5x11cm blister. Intact with clear fluid. slight erythema to base. Foot with normal DP pulse, normal strenght and gait.

22:04 06/29/2012 by Rya Lawrence, PA

**Medical Decision Making:****Differential Diagnosis:** partial thickness burn**Amount and complexity of data:** discussion with patient, medical Records reviewed

22:04 06/29/2012 by Rya Lawrence, PA

**Procedures:****Wound Recheck:****Location:** left shin**Surface:** anterior**Prior treatment:** burn care**Days ago:** 1**Reassessment:** NOTE - blister intact.**Treatment:** sterile dressing**Topical antibiotic:** Silvadene cream

22:05 06/29/2012 by Rya Lawrence, PA

**Staff physician:****Teaching physician note:** I reviewed the PA's note and agree with the documented findings and plan of care without changes.

23:35 06/29/2012 by David Amponsah, MD EM Staff

**Patient disposition:****Primary Diagnosis:** burn of lower limb**Patient disposition:** Disch - Home

20:11 06/29/2012 by Rya Lawrence, PA

**Medication disposition:**

## PHYSICIAN DOCUMENTATION SHEET

Wed Jul 11 04:14:10 EDT 2012

Henry Ford Hospital  
Emergency Department  
2799 W. Grand Blvd.  
Detroit, MI 48202  
PHONE: (313) 916-1545

MRN: 33680716

Name: Hall, Richard L

Age: 36

Complaint: Burn

Arrival Time: 06/29/2012 18:07

All Providers: PA Rya Lawrence; MD EM Staff David Amponsah

Account #: 2181

Sex: M

DOB: 11/11/1975

Primary Diagnosis: Burn of lower limb

Discharge Time: 06/29/2012 20:24

## HPI:

The patient is a 36-year-old male who presents with a chief complaint of burn. The history was provided by the patient and CarePlus review. The burn occurred yesterday. Pt states that he was walking across the street and was burned by the steam from a manhole cover. He was seen yesterday and blister was covered with silvadene and pt was told to return to ER today for dressing change and evaluation. He returns today. Denies any changes in sensation. The blister is still intact. no numbness, tingling or weakness of foot. DP pulse 2+.

22:01 06/29/2012 by Rya Lawrence, PA

## ROS:

Constitutional: Negative for fever and chills.

Gastrointestinal: Negative for nausea and vomiting.

Skin: NOTE - burn to left leg.

22:01 06/29/2012 by Rya Lawrence, PA

## PMH:

Reviewed by: Physician Assistant

Historian: the patient, CarePlus review

Social History: non-smoker, alcohol use-none, drug use-none

Travel History: no recent foreign travel

Medical History: none

Surgical History: hemorrhoidectomy

Family History: unknown

Immunization status: tetanus less than 5 years

Special Needs: no barriers to learning

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

NOTE - wrist surgery.

22:02 06/29/2012 by Rya Lawrence, PA



SCTO 3636335

-4-

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE

burns

BURNS: You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually

-5-

found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Norco 5 mg-325 mg Tab, Silvadene 1 % Topical Cream Discharge Instructions Received: <DXINSTRUCTION-NAMES> Drug Instructions Received:

**Referral/Appointment:**

Refer Patient To:: Hfh Emergency- Return In \_\_\_\_ Days

Follow-up in: 1 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

\*\*\*\*\*  
Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change  
\*\*\*\*\*

Date/Time: 07/03/12 09:16:24 Treating MD: MD EM Staff Nikhil Goyal

Patient Signature: \_\_\_\_\_ Suffix  
Number: 2180 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Append a Note to Discharge Instructions:** Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Hfh Emergency- Return In ____ Days		1 days	

13:43 06/28/2012 by David Dereczyk, PA

Documentation completed by Mid-level Provider

13:43 06/28/2012 by David Dereczyk, PA

Chart electronically signed by Responsible Physician

15:06 06/28/2012 by Nikhil Goyal, MD EM Staff

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Vicodin Oral				continue
ibuprofen Oral				continue

13:43 06/28/2012 by David Dereczyk, PA

**Prescriptions:**

Prescription		
Medication	Dispense	Sig Line
Norco 5 mg-325 mg Tab	#30	one to two po QID prn pain
Silvadene 1 % Topical Cream	20 GM Jar	Apply to affected area BID

13:43 06/28/2012 by David Dereczyk, PA

**Return to Work/School:**

Sheet is for: Hall, Richard

Was in the ED from: 06/28/2012 12:40

Until: 06/28/2012 13:43

Return Disposition: May return to school without restrictions

Return Date: 06/29/2012

13:43 06/28/2012 by David Dereczyk, PA

**Discharge:****Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

**Take-Home Instructions for the Patient**

Patients Name: Hall, Richard L Date of Service: 06/28/2012 Medical Record Number: 33680716  
Medical Provider: MD EM Staff Nikhil Goyal Primary Medical Provider: PA David Dereczyk  
Primary Diagnosis: Burn of ankle Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To: Hfh Emergency- Return In \_\_\_\_ Days

Follow-up in: 1 days

\*\*\*\*\*

Keep dressed , clean and dry. Meds as directed. Return tomorrow for burn recheck and dressing change

\*\*\*\*\*

-2-

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

13:43 06/28/2012 by David Dereczyk, PA

**Home Medications:**

Medications		
Medication	Dosage	Frequency
Vicodin Oral		
ibuprofen Oral		

**Home Medication Verification:** Verified With No Changes

13:43 06/28/2012 by David Dereczyk, PA

**Physical examination:****Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD, alert, comfortable appearance**Extremity Exam:** NOTE - There is a 2cm x 5 cm blister across ant lower leg. No drainage. No discharge. Thw surrounding skin is erythematous.

13:43 06/28/2012 by David Dereczyk, PA

**Medical Decision Making:****Differential Diagnosis:** partial thickness burn**Initial ED therapy:** analgesics, antibiotics, tetanus toxoid

13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:****Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

**Reassessment:****Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

**Procedures:** NOTE - The burn area was cleansed with Saline and a silvadene drssing placed with sterile 4x4's.

13:43 06/28/2012 by David Dereczyk, PA

**Patient disposition:****Primary Diagnosis:** burn of ankle**Patient disposition:** Disch - Home

13:43 06/28/2012 by David Dereczyk, PA

**Medication disposition:**